

# CashKey Application Form



Please Print Clearly:

Last Name:

First Name:

Home Address:

City, State, Zip Code:

Daytime Phone:

Employer:

Business Address:

City, State, Zip Code:

E-Mail Address:

Vehicle Make:

License Plate #:

Vehicle Make:

License Plate #:

I understand that no refund will be issued by the City of Lansing, Transportation and Parking Office, for lost, stolen, or damaged CashKeys.

Signature

Date

## Office Use Only

RP #:

CashKey#:

Date:

Clerk Initials: